

PLUMBING APPLICATION PROPERTY ADDRESS

Town or Plantation Lamoine
Street or Subdivision Lot # 79 Sugarbush Dr.

PROPERTY OWNER(S) NAME

Last: Colby First: Jonathan

Applicant Name: Jonathan Colby

Mailing Address of Owner/Applicant (if Different) 96 Great Pond Rd Franklin MC.

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

[Signature]
Signature of Owner/Applicant

Date 9-5-17

Department of Health and Human Services
Division of Environmental Health

Town/City LAMOINE Permit # 1860
Date Permit Issued 9/6/17 Fee: \$ 40.00 Double Fee Charged []
Local Plumbing Inspector Signature [Signature] L.P.I. # 1040
Fee: \$ _____ State min. fee \$ _____ Locally adopted fee _____
Copy: [] Owner [] Town [] State [] Map # _____ Lot # _____ Local _____

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

Date Approved (Rough-in)

Date Approved (Final)

LPI Signature

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☐ RELOCATED PLUMBING
x Existing sewer system

Type of Structure to be Served

1. ☐ SINGLE FAMILY RESIDENCE
2. ☒ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER-SPECIFY _____

Plumbing to be installed by:

1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☒ MFG'D HOUSING DEALER / MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☒ PROPERTY OWNER

LICENSE # [] [] [] [] [] [] [] [] [] []

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

☐ HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

☒ HOOK-UP: to an existing subsurface wastewater disposal system

☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

☐ TRANSFER FEE
[\$10.00]

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

☐ Owner ☐ Town Copy ☐ State Copy

Column 2
Type of Fixture

Number	Type of Fixture
<u>1</u>	Hosebib / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, Etc.
	Grease / Oil Separator
	Roof Drain
	Bidet
	Other: <u>Handicapped toilet</u>
<u>1</u>	Fixtures (Subtotal) Column 2

Column 1
Type of Fixture

Number	Type of Fixture
	Bathtub (and Shower)
	Shower (separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater

1 Fixtures (Subtotal) Column 1
1 Fixtures (Subtotal) Column 2

TOTAL FIXTURES

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

40 PERMIT FEE (TOTAL)